

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3377

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 211	
1. PLACE OF DEATH a. COUNTY Saint Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston		c. LENGTH OF STAY (In this place) Unknown		c. CITY (If outside corporate limits, write RURAL and give township) 30 OR TOWN Wellston		4300	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1580 Valley				d. STREET ADDRESS (If rural, give location) 1580 Valley			
3. NAME OF DECEASED (Type or Print) Richard		a. (First) b. (Middle) H. c. (Last) Boenker		4. DATE OF DEATH (Month) (Day) (Year) Feb. 4th, 1950			
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married		8. DATE OF BIRTH January 3rd, 1874	
9. AGE (In years last birthday) 76		10. UNDER 1 YEAR 1		11. UNDER 1 YEAR 1		12. UNDER 1 YEAR 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Essembler				10b. KIND OF BUSINESS OR INDUSTRY Wagner Electric Co. St. Charles Co., Missouri			
11a. BIRTHPLACE (State or foreign country) 0				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME William Boenker				13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Anna Boenker nee Nesslage	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Boenker, 1580 Valley, Wellston, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) - DUE TO (c) - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. AGC			
19a. DATE OF OPERATION N-25				19b. MAJOR FINDINGS OF OPERATION 422.2			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Co. Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 422.2			
22. I hereby certify that I attended the deceased from JULY 1839 to Feb. 1950, that I last saw the deceased alive on Feb. 3, 1950, and that death occurred at 3:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. J. J. Davis, M.D.				23b. ADDRESS 1492 Hedvig St.		23c. DATE SIGNED 2/4/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (Motor)		24b. DATE 2/7/50		24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		24d. LOCATION (City, town, or county) (State) St. Charles, Missouri	
DATE REC'D BY LOCAL REG. 2-6-50		REGISTRAR'S SIGNATURE Herbert K. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

the above
Joe Bunting, M.D.
Mar. 4, 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate, was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

Ralph E. Linders

Licensed Embalmer No. 4275

P. O. Address.....

St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.